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## SHARED-PARENTING HANDBOOK

The name itself "Shared-Parenting." at best explains the purpose of the program. Parents of a child who has developmental special needs sometimes find that caring for their child at home is more than they can handle; however, they do not want their child to live outside their home. Moving the child out of the home may, in fact, not be in the best interest of him/her.

Having a second willing and able family to help care for and nurture the handicapped child allows families to keep their children at home longer. The second home provides a familiar and welcoming place for the child and hopefully second-family members will become his/her friends and perhaps, advocates.

The second family must be willing to learn about the child's handicapping condition and be relatively certain they are prepared, mentally, emotionally and physically to provide a part-time home for the child, although a short trial period is recommended before a longer-term commitment is made.

Good communication and close cooperation between the two families is essential for the program to run smoothly. Communication must be on-going not something that takes place just at the beginning of the arrangement.

As much as possible the handicapped child should become a part of the second family, participating in its activities and home life.

The child will benefit by having an expanded world, the first family will benefit by keeping in close contact with their child without becoming exhausted by or resentful of the huge demands placed on them; the second family will benefit by knowing that they are providing a service, by getting to know and love their visiting child and by monetary payment.

During 1983, MORC reached a milestone by placing the last of its over 100 clients out of Clinton-Aire Nursing Center in Clinton Township. In addition, since 1976, the agency has placed out all 27 of MORC children from a pediatric nursing home, Warren Village, formerly Hoover Manor, in Warren.

Approximately 125 former nursing home residents are now living in group homes, community training (foster) homes, or with their natural families.

When MORC came into being, a 650-bed facility, including a large infirmary was being proposed. Staff were successful in averting the large facility and infirmary from being built.

In place of an infirmary, staff in 1975 contracted with Clinton-Aire, a newly constructed nursing home designed for developmentally disabled persons. This facility utilized community health professionals.

The residents were originally from Macomb and Oakland counties. They came from various infirmaries at state facilities around the state. About 30 residents were transferred from a Detroit nursing home.

Since MORC began the major thrust of its group home program in 1974, there was little working knowledge as to which clients would be successful community placement candidates. Because the program soon became successful, staff began to focus attention on placing clients from nursing homes into group homes and foster homes.

The first resident from Clinton-Aire was placed one year after it opened.

"We refer to the beginning of our placement efforts as the pioneering days," explained Nancy Rosenau, MORC placement coordinator. "There were no other models to emulate; we were working in an area that was new.

"It did not take us long to realize that nursing homes were a mistake," Rosenau continued. "The lessons learned from large institutions apply to nursing homes--if you put a lot of people together, you don't serve them better."

Many of the residents came to the nursing homes without self-care skills. Almost all were non-ambulatory and functioning in the severe and profound range of mental retardation.

Every effort to make both Clinton-Aire and Warren Village successful was tried. School staff and MORC staff had programs at both places. Foster grandparents were also available in both settings. After a while, those able were transported to school programs in the community. Those over age 26 had an opportunity to attend a pre-vocational workshop in the community.

"The residents began to make advances," Rosenau said. "Some learned how to feed themselves, some gained toilet skills, and some learned ways to communicate or became more alert. It became obvious that little attempt had been made with programming for these residents at the infirmaries--that their potential had been underestimated.

"It is a myth that these residents have constant medical problems and emergencies," Rosenau continued. "Being severely and profoundly retarded and non-ambulatory had deemed these individuals as being beyond hope."

As for the Clinton-Aire residents, 34 are now at group homes, 11 in foster homes, and two individuals returned to their natural homes. Twenty-three other residents were slated for group homes but because of the federally mandated court order affecting residents from Plymouth Center, the placements for the nursing home clients had to be delayed to allow for the closing of Plymouth.

These 23 residents are temporarily on grounds at MORC until new placements become available.

As for Warren Village, 24 residents are in community training homes and three returned home to their natural parents.

A new law in Michigan mandates that before any child with developmental disabilities is placed into a nursing home, the Department of Mental Health must be contacted to see if the alternative of community placement could be arranged, instead of the nursing home.